

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000010454

Entity Name: PHOENIX TREE EDUCATIONAL FOUNDATION, INC.**Current Principal Place of Business:**9600 WEST COLONIAL DRIVE
OCOE, FL 34761**Current Mailing Address:**1450 CITRUS OAKS AVENUE
BUILDING 200
GOTHA, FL 34734 US**FEI Number:** 46-1337013**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENNEDY, ANGELA H
1044 DUSTY PINE DRIVE
APOPKA, FL 32703 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	P
Name	KENNEDY, ANGELA H
Address	1044 DUSTY PINE DRIVE
City-State-Zip:	APOPKA FL 32703

Title	VP
Name	KENNEDY, DEJUAN
Address	1044 DUSTY PINE DRIVE
City-State-Zip:	APOPKA FL 32703

Title	S
Name	CANNON, LLIANE S
Address	1878 ANCIENT OAK DRIVE
City-State-Zip:	OCOE FL 34761

Title	D
Name	MILLER, WANAKEE
Address	1619 BANKHEAD AVE
City-State-Zip:	MASCOTA FL 34753

Title	D
Name	HIRES, EDISON
Address	3521 DOMINO DRIVE
City-State-Zip:	ORLANDO FL 32805

Title	DIRECTOR
Name	HIRES, CLAUDIA
Address	3521 DOMINO DRIVE
City-State-Zip:	ORLANDO FL 32805

Title	DIRECTOR
Name	DRAYTON, NATHIFA
Address	586 ERROL PARKWAY
City-State-Zip:	APOPKA FL 32712

Title	DIRECTOR
Name	VAUGHN, RICHARD
Address	102 OLYMPUS DRIVE
City-State-Zip:	OCOE FL 34761

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ANGELA KENNEDY**PRESIDENT****05/10/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HENRY, LAMYA
Address 752 BAY BRIDGE CIRCLE
City-State-Zip: APOPKA FL 32703

Title DIRECTOR
Name MAXWELL, VALERIE
Address 1450 CITRUS OAKS AVE
City-State-Zip: GOTHA FL 34734